

AMERICAN MEDICAL INTELLIGENCER.

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No. 13.

ART. I.—SECTION OF THE TENDO ACHILLIS.¹

Dr. Cunier, one of the collaborators of the Bulletin Médical Belge, a distinguished physician to the Belgian army, having obtained permission from the government to travel into the south of France for the restoration of his health, profited by his stay at Montpellier to learn the doctrines of the faculty attached to its celebrated school. The following is from one of his communications to the journal in question.

This operation was performed for the first time in 1784, under the inspection of Thilenius,² a physician in the environs of Frankfort; it was subsequently performed by Sartorius,³ and Michaelis.⁴ After them it fell into oblivion, until Delpsch cured by the section of the tendo Achillis a club-foot (*pied-équin*) which had resisted all the means made use of to restore it to its proper position. This eminent surgeon remarked, that in most cases of rupture of this tendon, it was impossible to bring the two extremities of the divided tendon into exact contact, but that the reunion did not take place less effectually by the interposition of a fibrous substance which becomes organised, and is sufficiently solid to prevent the exercise of the limb from suffering except from the elongation of the part; thence he deduced that what happened in cases of rupture would also take place in cases of section, and that the interposed fibrous substance would be susceptible of yielding to the efforts of extension—(*Chirurgie Clinique de Montpellier*, vol. i.). Performed according to these ideas, the section of the tendo Achillis was followed by the most satisfactory success; the young man on whom the operation was performed was known to all Montpellier; not only is the deformity corrected, but he walks very well. Yet the sarcasms with which Delpsch was loaded caused him to abandon this operation. But his surgical notion was turned to account by some German surgeons who resumed it with energy: Chelius (*Traité de Chirurgie*) RADIUS (*Dict.*) Zimmermann (*der Klump-fuss*, etc.) recommend the section of the tendo Achillis, and sometimes also that of the tibialis anticus; in the posterior club-foot far advanced, and in adults, dividing the tendon, according to them, is the only means of remedying the deformity. Performed lastly by Stromeyer, Stoltz, and several others, the operation has produced a complete cure. The following is the mode employed by Stromeyer:—The patient being seated on a table, and presenting towards the surgeon the side on which the operation is to be performed; one assistant holds the knee, another bends the foot in such a manner as to have the tendon at full stretch, so as to facilitate the section. A very narrow pointed bistoury, curved so that the

¹ Bulletin Médical Belge, Mai, 1837, p. 60.

² Thilenius Medicinische und Chirurgisch. Bemerkungen, Frankfurt, 1789, p. 335.

³ Sartorius, in Siebold's Sammlung, vol. iii., p. 258.

⁴ Michaelis, in Hufeland's Journal, vol. vi., 1811.

edge presents a convexity, is introduced flat three inches above the insertion of the tendon, between this and the tibia. The back part of the bistoury being then turned towards the bone, and the edge to the tendon, he cuts, with small saw-like movements, the tendon, which soon divides. He does not reunite the extremities, but proceeds to restore the foot to its natural position.

Delpech's mode.—When this surgeon performed the operation, the patient was laid upon his belly, and the bistoury was introduced flat behind the tendo Achillis, so as to produce on each side a wound of an inch in breadth. The instrument having been withdrawn, he introduced into the wound a convex knife, whose edge was turned towards the tendon, which was divided without implicating the skin situated above it. The operation being ended, the two extremities of the tendon were approximated, and kept in contact by an appropriate apparatus. To this end two straps were strongly applied to the knee above and below the patella: to these straps two splints were fixed, as for fractures, which extended down to the level of the sole of the foot: to this was fixed the sole of a shoe, which, by means of some turns of a bandage, kept the foot in a proper position.

Suppuration, exfoliations, &c., which Delpech observed, led him to pronounce subsequently (*Orthomorphie*, vol. ii., p. 330,) that a tendon to be cut ought not to be denuded as in the two large openings which he had made; that the section ought to be made in an oblique direction, and not by a parallel section of the skin: according to Chelius (*Trad. de Pigné*, vol. i., p. 480,) the skin should be opened on each side of the tendon. M. Bouvier has lately (12th Sept. 1836) proposed a new method to the Academy, consisting in the introduction, under the skin covering the tendon, of a kind of needle sharp on one side, by means of which it may be divided, either from without inwards, or from within outwards. This was fulfilling simply the indications of Delpech, whose mode, says M. Bouvier, (*Séance de l'Académie*, last 12th of Sept.) leaves something yet to be desired. This may be more correct as to the mode employed by Delpech, but not with respect to that which he recommends in his *Orthomorphie*.

M. Serre has just performed successfully the section of the tendo Achillis in a case of club-foot. The state of the patient at his entrance into the Hospital of Montpellier is described in a thesis learnedly reasoned on, and ably defended, by M. P. Chollot, March 18th, 1837; I will quote the words of the author. "There is at this period, in the wards of the Hôtel-Dieu Saint Eloi, an individual who presents a well-marked club-foot. It is nearly three years since he received a cut with a sickle across the calf of the leg; the wound was long in cicatrising, and when this was accomplished, the patient experienced acute pains in the wounded region; then he observed the parts to increase in size; the pains were of a nature to indicate the formation of pus. In fact, after the expiration of some time, an abscess was obliged to be opened for him, and a considerable quantity of pus discharged from it; the wound was not long in being completely cicatrised. What was his surprise when, wishing to use his limb, he found this quite impossible! During the whole course of his disease he had kept, in order to avoid pain, his leg bent on his thigh, and the foot had not been kept extended. At the present time, the phalagian extremity of the metatarsal bones is the point of support in walking."—P. Chollot, *de Fontoy (Moselle), Du Pied-bot Postérieur*, Thèse, No. 27.

M. Serre undertook the operation in the following manner. The patient being placed upon his belly, the tendon was laid hold of by two fingers of the left hand. A very narrow bistoury was introduced flat, in front of the tendon, as far as the skin of the opposite side, which he was cautious in not injuring. A narrower bistoury than the first, and probe-pointed, was then carried along the blade which had been first introduced; the latter was withdrawn after the probe-pointed bistoury had been turned so that the back was presented towards the bone and the edge towards the tendon; little saw-like motions were made by the instrument, and the complete section was soon

apparent from the noise which it produced. A piece of pasteboard was placed upon the instep and kept there by means of some turns of a bandage, in order that the foot might rest in such a position as to keep the extremities of the tendon at the distance of about half an inch from each other. The wound resulting from the introduction of the instruments bled but little; united by means of adhesive plaster, it closed the next day. The eighth day after the operation, the organised fibrous substance was submitted to an extension carefully managed and increased gradually. The fortieth day has arrived; the foot is restored to its natural position; the intermediate organisation is perfectly solidified, to the extent of two inches and a half, by which the limb was previously shortened. The operation is crowned by the most complete success. There has not been the slightest inflammation.

Professor Serre proposed at first to penetrate between the tendon and the skin, and thus to perform the section *from without inwards*; but an anatomical inspection of the part induced him to abandon his project. There is in fact a circumstance on which M. Bouvier had not thought, in advancing that the incision may be practised in this manner; the external saphena vein and the nerve of the same name might easily be divided, and thus the endeavour to restore the foot to its natural position might be baffled. In performing the incision, M. Serre did not in anywise expose the tendon to the air; he has been satisfied with this plan according to the recommendation of Delpech; the latter reunited the extremities; M. Stromeyer left them too far separated; in the present case the middle course has been adopted.

ART. II.—ON THE BLUISH COLOUR OF THE VAGINA AS A SIGN OF PREGNANCY.

It has been recently affirmed by Dr. Kluge, Professor of Midwifery at Berlin, and by M. Jacquemin at Paris, that a bluish tint of the vagina extending from the os externum to the os uteri is a sure test of pregnancy. According to Kluge, this discoloration commences in the fourth week of utero-gestation, increases until the time of delivery, and ceases with the lochia. M. Jacquemin, in examining the genitals in prostitutes, in compliance with the police regulations at Paris, observed the same peculiarity of colour in the same situation in those that were pregnant; he describes it as a violet colour, or like lees of wine, and so distinct as never to deceive him, being sufficient of itself, and independently of the other signs of pregnancy, to determine the existence of that state. Parent Duchatelet¹ mentions, that he was present when M. Jacquemin's accuracy in this matter was successfully put to the test; in the investigation he examined no less than four thousand five hundred prostitutes.

In his recent excellent publication, Dr. Montgomery² states, that his then experience did not enable him to speak decidedly on the point, because the opportunities afforded for ocular examination of the vagina in pregnant women are comparatively rare, and when they do occur, it is almost always on account of some disease of the parts which changes their natural appearance; but he adds that nothing within his observation contradicted the accuracy of the sign under consideration; on the contrary, he found it present, in a greater or less degree, in a few cases which he had recently examined

¹ De la Prostitution dans la Ville de Paris. Tom. i., p. 217, 218.

² An Exposition of the Signs and Symptoms of Pregnancy, &c. London, 1837. p. 127.

expressly for the purpose, where pregnancy undoubtedly existed. In the preface, however, he adds, that since he wrote the remarks in the body of the work, he had examined a few more cases, and that while in some of these the existence of the bluish colour was very obvious, in others it was so slight as to be scarcely, if at all, perceptible.

There is nothing more probable than that the capillary circulation of the mucous coat of the vagina should be modified along with that of the interior of the uterus, so as to give occasion to a change of colour like that mentioned by these eminent observers; but we apprehend the test can rarely be available in private practice.

ART. III.—MEDICAL TOPOGRAPHY—No. 4.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 303.)

Intermittent Fever.

I know of no country in which intermittent affections are more prevalent than in the Arkansas. I have there met with almost every variety of forms of "ague and fever;" and have treated several cases attended with unusual and curious phenomena. Instead of chills we have had *fainting spells*; followed by the hot stage, with increased violence of its ordinary symptoms, succeeded by exhausting diarrhœa, taking the place of the usual crisis. Again, in females we have had the "chill and fever" terminated by profuse hemorrhage from the secretory vessels of the uterus; and in one instance by abortion. Double quotidians and tertians are frequently met with, and quartians and quintans are not uncommon. I have had occasion to treat at Fort Gibson, and on the prairies west of that post, several cases of intermittent frontal and facial *neuralgia* and intermittent *urticaria*, or nettle-rash; a captain of dragoons, amongst others, and myself, suffered very severely from this last form of affection.

When speaking of remittent fever, we had occasion to notice the almost constant attendance of disorder of the biliary and mucous apparatus in that disease as it prevails in the southwest. This pertains, though in a mitigated degree, in the intermittent fevers of that region; yet I have treated some cases that were complicated with jaundice and mucous enteritis.

The intermittent fevers of the Arkansas country may be divided into the *simple*, the *bilious*, and the *congestive*. The first is mostly a vernal disease, attended with but slight disorder of the system—which, during the apyrexia, is apparently free from disease, and it frequently disappears after a few paroxysms, even without the intervention of medicine. The second, or bilious, (a disease of the summer and fall) is attended with disorder of the hepatic functions and gastro-intestinal derangement. The chill is frequently severe, the fever protracted, and the crisis or sweating stage imperfect or partial—whilst the apyrexia is often short or incomplete. In the congestive (which is seldom seen but in fall and winter) there is rather a succession of chills than a single cold stage, with a disposition to sink into collapse. The system reacts with difficulty, and the hot stage passes off with clammy *exudation* on the face and neck, leaving signs of great prostration—in some cases, with profuse *fetid* perspiration, hemorrhage from the gums and nose, petechial and colliquative diarrhœa.

Treatment.—In the simple form of intermittent fever, we have usually prescribed, for an adult, during the apyrexia, five grains of calomel, one grain of ipecacuanha, and half a grain opium, in pill—followed by another

in three or four hours, and succeeded by an ounce of Epsom salts or of castor oil, or a double Seidlitz powder. During and after the operation of the purgatives, we have enjoined the free use of cool mucilaginous drinks, with the effect to prevent gastro-intestinal irritation, so apt to supervene in this climate, from the operation of even the mildest cathartics. If the fever were quotidian, we now gave six grains of quinine in pills an hour before the expected time of the paroxysm, with the invariable result to destroy the periodicity of the affection; it was continued in two-grain doses every four hours, and six grains again the next day at the expected time, and so on till three or four terms had been passed over—then a powder of Peruvian bark and Virginia snake-root¹ was ordered (with an occasional Seidlitz powder to keep the bowels soluble) to be taken three or four times a day in water for a week. In the tertian, quartan, or quintan form—after the operation of a purge, as prescribed in the quotidian, we delayed the quinine until within twelve hours of the time of the expected paroxysm, then commenced with two grains every two hours, and in the period of time next that of the expected paroxysm (the time being so arranged as that a period should fall on an hour immediately before the expected recurrence) gave from six to twelve grains in pills—continuing this manner of its exhibition until at least two terms of expected recurrence had been passed over, when two grains every four hours were taken for a few days, and succeeded by the bark and snake-root, for which we sometimes substituted an infusion of dog-wood and wild cherry bark² with equally good effects. If the patient were seen in the cold stage, an emetic of ipecacuanha would cut it short, and develop the hot stage—which could generally be moderated by warm maniluvia and pediluvia, joined with cold applications to the head, and cool acidulated drinks. The sweating stage was encouraged by plentiful draughts of elder blossom or linden blossom (*Tilia Americana*), or common table tea. In some cases of quotidian we deferred the quinine until another paroxysm had passed, with a view to have the full effects of the purges exhibited. In these we commenced the tonic treatment twelve hours before the expected recurrence, by giving two grains of quinine every two hours, and at the period next to the time of the recurrence tripled the dose, and followed it up afterwards in the same manner for a few days, and concluded with the bark and snake-root. Where the fever was attended by dysenteric symptoms, the bowels were corrected by calomel in small doses combined with opium and ipecacuanha, together with mucilaginous drinks and emollient enemata—before any attempt was made to break up its periodicity.

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" Aristolochiæ serpent. rad. 3 ii.

M. et divid. in pulv. xxiv.

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water, or ice, in the manner directed to be used in the bilious remittent. Cupping the epigastrium was sometimes had recourse to; but generally not required. After the periodicity of the affection had been broken up and the fever failed to recur, there yet frequently remained a disordered liver, with a sensible engorgement of this viscus, attended by pain under the right ribs, and occasional tormina of the bowels, with mucous stools and sometimes bilious diarrhœa. Cupping the right hypochondrium followed by emollient poultices gave relief in many cases of this kind; but permanent benefit was better obtained by wearing a burgundy-pitch plaster, sprinkled with tartar emetic, over the region of the liver, until pustulation was produced (removed and reapplied several times), and taking a pill of blue mass, rhubarb, taraxacum, opium and ipecacuanha¹ every night and morning until a slight mercurial impression was induced, which, with the occasional use of emollient enemata, general warm bathing, and the nitro-muriatic or chlorine foot-bath, effected a restoration to health.

In the *congestive* form, if the patient passed happily through the first paroxysm, the great object was to prevent a recurrence, and as the type was generally tertian or quartan, we found time to effect it. The bowels were freed by stimulating laxative enemata; and four grains of quinine dissolved in ten drops of elixir vitriol, and two drams of water with ten grains of spirituous extract of Peruvian bark, were given every two hours, and an hour before the expected paroxysm the dose was trebled, and in two cases quadrupled—without failing to break it. If the patient were encountered in the chills, a large *emetic* of ipecacuanha wine or powdered ipecacuanha in brandy or some strong spirituous liquor, was immediately given, a sinapism applied to the epigastrium, frictions made with stimulating embrocations, and warm bricks and bottles of warm water were placed at the soles of the feet, between the thighs, and in the arm-pits. If emesis were readily induced the patient rallied—the skin became warm and contractile, and the fever (hot stage) established itself, which was moderated by bathing the hands and feet in warm mustard baths and applying cold to the head. The sweating stage was solicited by cool diaphoretic drinks and warm vapour baths to the body. When it became established, if the patient could bear it, a calomel, opium, and ipecacuanha pill² was directed—in three hours another, and in four more a dose of castor oil, followed by stimulating laxative enemata. In some cases, however, on account of prostration, we had to forego the exhibition of calomel with a view to its purgative effect, and content ourselves with *terebinthine* injections to open the bowels—giving two grains of calomel with half a grain each of opium and ipecacuanha in pill, every hour, with constant small draughts of wine, rum, or brandy-punch. To prevent the recurrence of the attack, quinine and extract of bark were exhibited as above. After the terms of two paroxysms were passed over, blue mass was given in conjunction with extract of taraxacum, of colocynth, and rhubarb,³ a pill every six hours till the sialagogue effects of the mercury were felt, when they were omitted, and one fluid dram of Huxham's tincture of bark and ten drops of elix. vitriol, taken in a glass of port wine twice a day, continued from one to two weeks with occasional saline baths, completed the treatment.

In two cases of malignant intermittent, attended with hemorrhages from the gums and nose, and petechial state of the skin (in one so bad as to constitute "purpura hæmorrhagica") I succeeded in effecting a cure in both

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|-------------------------------|-------------------------|
| ¹ R. Pil. hydrarg. | 3 i. |
| Ext. taraxaci | 3 ii. |
| Pulv. rhei | ℥ ii. |
| “ opii. | |
| “ ipecac. | aa gr. x. |
| M. et ft. massa. | Divide in pilulas xxiv. |

² Vid. Prescriptions in No. 2.

³ Ibid.

cases. Cold dash to the face and head; blisters to the extremities; and quinine and extract of bark given in large doses,—with cold water, acidulated with aromatic sulphuric acid, as a common drink; and terebinthinate enemata—formed the basis of the treatment.

In those cases of intermittent fever commencing with *syncope* instead of the usual chill, we directed the *cold dash* to the head and neck, and gave warm aromatic drinks, with the result to speedily bring on reaction.

In those cases among females where the *crisis* was a termination in uterine hemorrhage, we gave two grains of quinine conjoined with three of the pure prussiate (ferro-cyanate), or five of the carbonate of iron in pills, every two hours, and doubled or trebled the dose (according to circumstances) at the period next to that of the expected recurrence, with the happiest effects. If the woman were at her menstrual term we omitted the preparations of iron and gave the quinine singly, unless the loss of blood proved abundant and weakening.

Most of the cases of congestive intermittent fever that I have treated were in persons whose constitutions had been broken by repeated attacks of disease, or undermined by the *silent* influence of malaria. Their solid abdominal viscera, especially the liver and spleen, being in a state of chronic engorgement; and their digestive and assimilating organs incapable of performing their functions properly.

During the treatment of a simple or bilious intermittent, the *diet* was of the mildest character; for the first three or four days nothing would be allowed but rice or barley water, water gruel or tea and toast. In the *congestive* form, however, the system from the first had to be sustained by nourishing liquids—such as calf or mutton bouillon, chicken broth, and wine panada.

ART. IV.—DETENTION OF THE TESTES IN THE ABDOMEN.

This phenomenon may be regarded a case of monstrosity by defect, the testes, instead of descending into the scrotum, being detained and thus remaining abdominal viscera. It is universally admitted, that this non-descent of the organs does not necessarily induce impotence. Nay, one writer has gone so far as to express his belief, that they may secrete more energetically in consequence of the warm situation which they occupy.¹ Some years ago we saw an intelligent youth, who was suffering under most intense pain in one inguinal region extending to the abdomen. On examining the part a hard tumour was found in the direction of the inguinal canal, having an ovoid shape, and the testes were discovered to be absent from the scrotum. A copious blood-letting, with a cathartic, removed the unpleasant symptoms. Since that period he has had a subsequent attack, which was relieved in the same way. Both attacks were brought on by severe exercise,—the last time after riding a hard trotting horse, in consequence of which the testis probably became engaged in the orifice of the canal, and constriction with its consequences resulted. We have seen our young friend very recently, who seems to possess every manly attribute.

Recently, M. Pétrequin² has published the appearances observed in a case of "Intra-abdominal Testes." The man, thirty-six years of age, was admitted into the Hotel-Dieu, of Lyons, for acute meningitis, of which he died.

¹ Fodéré, Traité de Médecine légale, i., 370. Paris, 1813.

² Gazette Médicale de Paris, No. 13, Avril 1, 1837.

Having had occasion to pass the catheter, M. Pétrequin remarked, that there were no testes in the scrotum. The following were the appearances after death.

On the right side, the testis, contained in the abdomen, was found on the inner side of the inguinal aperture, and was strongly united to the peritoneum at its convex surface, whilst the epididymis and vas deferens, with the spermatic cord, were slightly engaged in the inguinal canal, where they were reflected to re-enter the abdomen. The vas deferens at its entrance was situated under the testis. The peritoneum was buried, like the finger of a glove, in the opening of the canal, and formed a *cul-de-sac*, about eighteen lines deep, into which the index finger could be easily introduced. Independently of the local union with the peritoneum, the testis was retained in the abdomen by a membrane, or rather by a reflection or duplicature of the peritoneum, which, adherent at its concave surface, proceeded—spreading out like a fan—to be attached in the right iliac fossa.

On the left side, two fingers could readily be introduced into the canal from the abdomen; the testis, resting on the pubis, had advanced on a level with the pillars along with the spermatic cord, which descended even a little lower, and formed a hernia that could easily be reproduced; it adhered, by its head, to a pouch large enough to contain a goose's egg, which, formed of a thick membrane having a fibrous appearance, constituted a kind of funnel above the testicle, which it capped (*coiffait*) so as to enclose it as in a sac when the organ was reduced. Manifestly continuous with the peritoneum, which seemed to be distended to produce it, this pouch did not present the thin and semi-transparent texture of the abdominal serous membrane, but a resisting, thick tissue, analogous to the fibrous expansions, but without their polish. Portions of intestines must have occasionally entered; and it was doubtless owing to the patient being on his back, that I did not perceive it the day before his death.

The vasa deferentia, which had to run a shorter course than usual, were folded zigzag a number of times.

ART. V.—CASE OF INSANITY.

BY THORNTON F. OFFUTE, M. D., OF VINCENNES, KNOX COUNTY, INDIANA.

Vincennes, July 26th, 1837.

Dear sir,—I have under my care a most singular case of insanity, in the treatment of which I have been so far unsuccessful. I wish, in as brief a manner as possible, to make you acquainted with its nature, and the plan of treatment pursued by me, and will be thankful for any information that may enable me to serve the patient. Miss H., aged about twenty-two, of dark complexion, eyes, and hair, tall and well formed, about two years ago, having taken cold, was affected with insanity, and suppression of the menses. When I first saw her, three months ago, I found her rather quiet, but somewhat disposed to tear her clothes; she would start suddenly from her chair and jump about the room, then quickly fall on her knees, in which position she would remain until she was conducted to her seat. She is fond of riding on horseback, and when mounted rides in the most rapid and fearless manner; she talks but little and on indifferent subjects.

I commenced treating the case with the compound aloetic pill; but as this produced no change, I gave calomel in combination with the above-named pill, until ptyalism was brought about. I thought at this time there was some *little* change for the better, and the aloetic pills, with tincture of cantharides, were used for a week or two, during all which time her friends thought her more calm and rational than she had been for months; but unfortunately "she ate a very hearty meal," and among other things a great

quantity of dried beans boiled. She immediately became more unmanageable, jumping about the house, and was sometimes guilty of the most foolish and extravagant acts. Since this change for the worse, I have given her pills of aloes, savin, and extract of helleb.; do. with sulphate of iron and cantharides, Dewees's compound volatile tincture of guaiacum, oil of savin, and tincture of cantharides. These have been given separately and in combination, in small and large doses, without producing the least change.

I have recently added calomel to my emmenagogue prescriptions, and enjoined a milk and vegetable diet. Her mouth is now a little sore, but there is not the slightest change for the better. I shall, in a few days, apply a blister to the sacrum, and push the emmenagogue medicines as far as can with propriety be done; and in the mean time be pleased to let me hear from you on the subject.

I forgot to state that she *generally* sleeps soundly and has a good appetite: the bowels at first were bound, but for more than two months (as well when she was not as when she was using medicine) they were regular.

Your obedient servant,
THORNTON F. OFFUTE.

Prof. R. Dunglison.

In the last "Journal of Medical Sciences," some cases of insanity, dependent on suppression of the menstrual flux, are recorded as having been successfully treated by aloetic cathartics, tincture of cantharides, and sulphate of morphine. There appears to have been so little trouble, in these cases, in effecting cures, that the young physician from a perusal of them would be inclined to think that the treatment of such is very simple and very sure. The above case will be sufficient, however, to convince any one of the folly of coming to such a conclusion. The case also exhibits the inefficacy of the compound volatile tincture of guaiacum, of which Professor Dewees speaks as being almost a specific in amenorrhœa. It cannot be said that the system was not properly prepared for the administration of the remedy, for an experience of twelve years in such cases renders it rather probable that I should know what the favourable state is; and although I have administered this medicine to more than two hundred females, in various doses, I have never seen the slightest good result from its employment.

T. F. O.

ART. VI.—MEDICAL EDUCATION IN BERLIN.

In the "*Index Lectionum*"—or index of the lectures for which we are indebted to a valued correspondent in England—we have a list of the different lectures delivered in the University of Berlin, by the three sets of teachers, the *professores ordinarii*, the *professores extraordinarii*, and the *privatim docentes* or "private teachers," in the different faculties. This, to one unacquainted with the extent to which the business of teaching is divided and subdivided in the German universities, is absolutely astounding. The medical part of this index alone concerns us: from it we extract the manner in which the student may occupy his hours during the collegiate year. Four years must be spent by every candidate for a degree, and it is thought that in future five may be required.

¹ *Index Lectionum* quæ auspiciis Regis augustissimi Friderici Guilelmi tertii in universitate litteraria Friderica Guilelma per semestre Hibernum a MDCCCXXXV.—MDCCCXXXVI, a die xix. Octobris instituentur. Berolini. 4to, pp. 30.

LECTURES.

7 to 8 A. M.—Reich (P. E.¹), special pathology and therapeia. Ascherson (P. D.), general and special surgery.

8 to 9.—Horn (P. O.), on the diagnosis and cure of syphilitic diseases; and on the special therapeia of acute and chronic diseases. Link (P. O.), on pharmacology. Schult (P. O.), on physiology. Wagner (P. O.), special pathology and therapeia. Eck (P. E.), general and special physiology. Froriep (P. E.), surgical operations, aciurgia, and surgical anatomy. Kluge (P. E.), clinics of syphilitic diseases. Reich (P. E.) special pathology and therapeia. Wolff (P. E.) clinical exercises. Isensee (P. D.), special pathology and therapeia, alternately.

9 to 10.—Hecker (P. O.), special pathology and therapeia. Iüngken (P. O.), clinical ophthalmic exercises. Kluge (P. E.), clinics of syphilitic diseases. Osann (P. O.), on the aids to be afforded where life is suddenly endangered. Schlemm (P. O.), on splanchnology. Dieffenbach (P. E.), universal and special surgery. Froriep (P. E.), aciurgia and surgical anatomy. Kranichfeld (P. E.), medical methodology. Troschel (P. D.), general and special surgery.

10 to 11.—F. Hufeland (P. O.), semeiotics. Kluge (P. E.), general surgery; also, theoretical and practical part of obstetrics, and doctrine of fractures and luxations.

10 to 11½.—Rust (P. O.), clinical exercises.

11 to 12.—Bartels (P. O.), clinical medical exercises. Kluge (P. E.), elements of the art of obstetrics; also, general surgery; also, doctrine of fractures and luxations; also, the theoretical and practical parts of obstetrics.

12 to 1.—Bartels (P. O.), clinical medical exercises. Link (P. O.), on cryptogamous plants. Rust (P. O.), general surgery. Schlemm (P. O.), articular ligaments and aponeuroses; also, osteology. Schultz (P. O.), officinal plants; also, materia medica, with the doctrine of medical formulae. Casper (P. E.), forensic medicine. Barez (P. D.), clinical exercises on the diseases of children. Phæbus (P. D.), general anatomy and histology. Romberg (P. D.), diagnosis, with demonstrations on the sick; also, doctrine of nervous diseases. Troschel (P. D.), helcology; also, doctrine of diseases of the teeth.

12 to 1½.—Ehrenberg (P. E.), comparative physiology.

1 to 2, P. M.—Hecker (P. O.) medical encyclopædia and methodology. Horkel (P. O.), general physiology. C. Hufeland (P. O.), clinical exercises. F. Hufeland (P. O.), special therapeia. Osann (P. O.), polyclinics. Eck (P. E.), contagious diseases. Reich (P. E.), on the diseases of evolution. Trüstedt (P. E.), clinical medico-chirurgical exercises. Phæbus (P. D.), physical anthropology.

2 to 3.—C. F. Gräfe (P. O.), surgical and ophthalmic clinics. Müller (P. O.), anatomy of the human body in health. Casper (P. E.), first part of special pathology and therapeia. Ideler (P. D.), diagnosis and cure of mental diseases.

3 to 4.—C. F. Gräfe (P. O.), universal aciurgia. Müller (P. O.), anatomy of the organs of sense. Wagner (P. O.), political medicine; also, forensic medicine. Casper (P. E.), first part of special pathology and therapeia; also, the other part. Isensee (P. D.), special pathology and therapeia.

3 to 4½.—Kranichfeld (P. E.), special therapeia of the eye.

4 to 5.—Busch (P. O.), obstetrical clinics. Bartels (P. O.), aphorisms of Hippocrates; also, pathology and therapeia. Hecker (P. O.), history of medicine. F. Hufeland (P. O.), general pathology. Iüngken (P. O.), diagnosis and cure of the diseases of the ear; also, of the diseases of the eye. Wagner (P. O.), practical exercises on the institution of forensic

¹ P. E. affixed to a name means Professor Extraordinarius; P. O., Professor Ordinarius; and P. D., Privatim Docens.

medicine. E. A. Gräfe (P. D.), general and special surgery. Isensee (P. D.), on certain new remedies and methods of cure. Mitscherlich (P. D.), materia medica. Oppert (P. D.), doctrine of the diagnosis and cure of syphilitic diseases; also, general therapeia. Wilde (P. D.), obstetrics. Isensee (P. D.), special pathology and therapeia.

5 to 6.—Busch (P. O.), obstetrics; also, elements of the art of obstetrics. Bartels (P. O.), pathology and therapeia. Iüngken (P. O.), diagnosis and cure of diseases of the ear. Osann (P. O.), materia medica. Kranichfeld (P. E.), Hygiène. Ascherson (P. D.), art of bandaging. Dann (P. D.), special pathology and therapeia. Nicolai (P. D.), medical police, and the medical regulations of Prussia; also, general pathology, symptomatology, and 'exploration' of the sick.

6 to 7.—Busch (P. O.), obstetrics. Angelstein (P. D.), doctrine of operations on the eye; also, universal and special ophthalmiatrice. Isensee (P. D.), medical and forensic psychology.

7 to 8.—Dieffenbach (P. E.), surgical operations. Eck (P. E.), Physiological part of the institutes of medicine. Angelstein (P. D.), practical course of operations on the eye. Dann (P. D.), diseases of the ear. Ideler (P. D.), clinics of diseases of the mind.

Some of the professors deliver also private courses; and, where they appear to occupy two subjects in the same hour, it is not on the same days of the week. Some, too, of the lectures, it will be observed, occupy two hours.

Each candidate for graduation, besides being required to pass rigid examinations on the different branches of the healing art, held in the Latin language, is compelled to compose and defend a Latin dissertation on some acceptable subject. These are generally of a superior order, in consequence of the thorough medical education, which four or five years of study is capable of effecting. To some Berlin dissertations before us, a short "vita," or biography, of the candidate is appended. We cite one from a dissertation—"De Dilatatione Ventriculi," defended in December, 1835,—as a specimen. It is a kind of history of the education of the author.

I, Walter John Fackeldey, born at Embrica, on the 9th of September, 1809,—my father's name F. Fackeldey, and my mother's Joanna, of the family of Van den Brock,—profess the catholic faith. My first rudiments of letters were acquired in my native town, under an evangelical pastor, Zur Nieden, a much prized preceptor; thence I went to the gymnasium, at Cleves, which was under the directorship of the excellent Nagel, where I studied for four years. I then went to Munster, where my testimonial of fitness having been received by the director of the medico-chirurgical school—the estimable Bodde—I attended the following lectures:—*experimental physics*, by the celebrated Roling; *chemistry*, by the estimable Bodde; *anatomy and dissections*, by the distinguished Tourtual; *general pathology*, by the celebrated Busch; *zoology*, by the distinguished Beck; and *physiology* by the celebrated Heindorf. At the expiration of the half year I entered the University of Giessen, and attended the following lectures:—*botany*, by the celebrated Wilbrand; *psychology and logic*, by the distinguished Koch. I then went to Bonn, and having taken out my inscriptions with the dean, I attended the following courses:—*general pathology, methodology, and encyclopædia*, by the celebrated Müller; *general therapeia*, by the distinguished Harless; *anatomy and dissections*, by the celebrated Meyer and Weber. In the year 1832, I went to Halle, and was admitted by the honourable Prorector Hefter, and the excellent Meckel, Dean of the Medical Faculty. My preceptors were the following distinguished individuals:—Germar, on *mineralogy and crystallography*; Friedländer, on *materia medica and the art of prescribing*; Gerlach, *psychology*; Krukenberg, *pathology and special therapeia*; Blasius, *luxations and fractures*;

and Niemeyer, *theory of obstetrics*. I followed the clinical school of these illustrious men,—Krukenberg being physician, and Blasius surgeon-oculist. In the autumn of the year 1834, I went to Berlin, and was admitted into the university by the honourable Rector Steffens, and the distinguished Busch, Dean of the Medical Faculty. There I attended the following clinical lectures:—the *obstetrical* of the distinguished Busch; the *therapeutical* of the distinguished Bartels, and the celebrated Wolff; and the *ophthalmiatric* of the distinguished Jüngken.

To all these individuals I shall ever owe affection and gratitude.

My desire is, that after I shall have passed my examinations (*tentaminibus*), philosophical, medical, and rigorous, before the honoured medical faculty, and have publicly defended this dissertation, and my theses, to have the *summi honores*, in medicine and surgery, conferred on me.—p. 32.

The philosophical examination, to which allusion is made in the last sentence, is on chemistry, physics, zoology, botany, mineralogy, and philosophy, by a board consisting of members of the Faculty of Philosophy of the university. The *tentamen medicum* is an examination, conducted, both in writing and *viva voce*, before the dean; and the *examen rigorosum* takes place before the medical faculty, and is on all the branches of medicine.

The "Theses," which the candidate has to defend publicly, and of which mention is made in the "*Vita*" of Dr. Fackeldey, embrace various topics. In his case they were as follows:—

1. The torsion of arteries should be abandoned.
 2. Many diseases of the chest cannot be known without auscultation.
 3. The asthma of Millar and the tussis convulsiva differ greatly from each other.
 4. There are no specific remedies.
 5. Hectic fever does not forbid amputation.
- &c. &c.

ART. VII.—ON THE POWER OF PROCREATING AFTER CASTRATION.

We publish with pleasure the following note from our friend Dr. Warrington, in confirmation of a fact referred to in a previous number of this journal.¹

Professor Dunglison.

Dear doctor,—In looking over a recent number of the "American Medical Library and Intelligencer," I perceived some notices of occasional instances of the capability in animals to procreate after castration. Although contrary to the general impression, that this function is immediately destroyed by the removal of the testes, I was prepared to credit the statement by an observation which I made several years since. A sow in heat had left the herd of a neighbouring farm, and visited that on which I then resided, in search of a boar, who having, as was supposed, served the purpose of impregnating all the sows of that and the adjoining farms, had been fully castrated two days before this visit. With nearly his accustomed energy, however, he covered the sow, which without further coition ceased to be in heat, and in due time produced a litter of pigs. The barrow never from that period evinced either inclination or capability for sexual intercourse.

These facts involve some interesting physiological questions; and so far as they relate to man, are entitled to regard in forensic medicine.

Very respectfully thine,

JOSEPH WARRINGTON.

¹ Intelligencer for July 15th, 1837, p. 146.

BIBLIOGRAPHICAL NOTICES.

*Barton on Acclimation.*¹

In an early number of the "Intelligencer" we referred to the remarks of Professor Barton on the climate of New Orleans, which were intended to show, that the mortality of that city was chiefly amongst the unacclimated. The lecture before us follows up this subject, and lays down rules for the observance of the stranger. Some time ago, we prepared a bibliographical notice of this lecture, but it was mislaid. The following extract will convey an idea of the author's style, and of some of the views entertained by him.

"He, then, who carefully traces effects to causes, and reasons upon their respective influences, is not permitted to doubt, that if, in obedience to a proper system of medical police, there is established a mode of paving that shall prevent the accumulation of filth or stagnant water above, and evaporation from the moist soil beneath—a sufficient draining, clearing, and cultivation of the swamps in the neighbourhood—a removal of impediments to a proper ventilation—curtailing irradiations of elevated temperature—lowering the heat of the streets by streams of running water and its occasional diffusion over the surface—with a suitable attention to hygiene rules, and with an accommodation of our habits to the altered conditions, in the various relations which a change of climate exacts—there cannot be a doubt that this city would not only be dry enough for all the purposes and demands of commerce, but would be unequaled for its salubrity by any city on this continent.

"Fortunately, our climate is subject to no great variety of diseases that are indigenous, when compared with other portions of our country, a large proportion of our complaints having other sources, many of the afflicted coming here for the benefit of the climate. And if our acclimation is sometimes severe, it is the only ordeal we have to pass through—no such immunity is enjoyed in the northern portion of the United States—no period of acclimation can protect the pulmonary organs of the natives or emigrants from a scourge that yearly takes off, in some of their healthiest cities, 1 in every 4.52 of their deaths.

"It is impossible to obtain correct data in order to give precise details upon the subject of our own diseases—the nearest approach to it is derived from the record of the Charity Hospital, which furnishes about 1 in 3.86 of our annual mortality. In comparing the detail derived from that source, it will result that pulmonary consumption, which carries off in the northern cities 1 in every 5 or 6 of their deaths, is here fatal to about 1 in 50, few of which doubtless originated here.² Of pulmonary diseases in general, which in the northern cities carry off near 1 in every 4 of their deaths, are here fatal to about 1 in 30, of which about one third were acclimated,³ furnishing,

¹ Introductory Lecture on Acclimation, delivered at the opening of the third session of the Medical College of Louisiana. By E. H. Barton, M. D., Professor of the Theory and Practice of Medicine, Member of the Medical Board of Louisiana, Administrator of the Charity Hospital, &c. &c. Published at the request of the class. 8vo, pp. 17. New Orleans, 1837.

² It is proper to state that these data are not only imperfect, but vary greatly in different years. In some years, the cases of phthisis to the entire mortality in the house is but 1 in 80, and in another in 14, (in 1832.)

³ This is very difficult to ascertain from our imperfect records. From the same source I have procured most of the above data: it appears that in a series of years, of the phthisical patients in that institution, the average of the acclimated to the unacclimated were as 8 to 20. This, however, can hardly be considered correct, many per-

in fact, a ratio of pulmonary diseases to the entire mortality of that house, probably unprecedented in any country, and in private practice it is probably less.

"Of the class *fevers*, the great mass of our mortality consists: these records show the proportion of 1 in every 2.92 of the entire mortality of the house, and the estimates are taken from years of the greatest mortality that ever occurred in this country. But it must not be forgotten that a large proportion of this consists of the unacclimated—the exposed and besotted, of which New Orleans has a larger ratio probably than any city in the Union. From a statement from the books, it appears that there were actually of unacclimated individuals nearly four fifths of the whole. The mortality of the acclimated population in the house from fevers, to the entire mortality, is 1 in 29.02, and of the unacclimated there appears a proportion of 1 in 6, and the cost of acclimation through fever, so far as these returns furnish an estimate, is annually about 131—and if the relative proportion in this house to the entire city mortality be correct in this respect, (in fact much the largest portion die in the Charity Hospital,) the annual mortality in the city through acclimation may be estimated at about 507, and be it recollected, however, that the estimate embraces one of the epidemic years, (1832.)

"The mortality in early life in Philadelphia is about one half the entire mortality, and so unfriendly is the climate to early life, that one half of these die within the year. We have no data of our own with which to compare it. I feel very confident, however, that it does not exceed one fourth of these proportions. It is almost useless to stop to lament these deficiencies. For want of them we know not the mean duration of life—the chances of living—when we are traduced by all the world for the precariousness of existence here, when but a little trouble would give the exact truth; nor the cost of acclimation, circumstances indispensable to insurance. Indeed, no record could be more valuable and interesting to the country. Oblivious darkness as to the past shrouds and must forever shroud it—no laborious research, no searching scrutinies, can throw much light upon it. We are all so absorbed in the future, that little thought is given to the past. This, to be sure, is not true wisdom; we are leaving out the most important data with regard to our progressive condition, and blunder on in ignorance and uncertainty. Were such data present to *prove* that the health of the place is actually and materially ameliorating, of which there cannot be a doubt, but there is wanting the *official* proof to convey to and produce conviction on others, millions might be added to the value of our property, and the city would become duly appreciated.

"The period of removal to any climate is when the temperature of the country you move from is, in the revolution of its seasons, the nearest to that you are moving to. And the reason is obvious, because the calorific process will have been most on a par with both, will have equalised itself with the temperatures actually existing, and there will be, consequently, the least shock to the system. If you are moving to the north, you should seize the period when our mild winter is closing its March, and a few weeks of traveling would hardly leave you conscious of any change. On the contrary, if it is your intention to remove south from the northern and middle states, the temperature of their late autumnal season is much the same as that of our winters; hence that is the safest period for removal south, as the system will have already measurably accommodated itself to the condition existing here, and the reduction incidental to a calorific process at its maximum, would be but partially required.

"The enquiry so often made—how long a period is required for the acclimating process, and what assurance have we that it is passed?—is not so

sons coming to this climate, for its generally acknowledged benefit in pulmonary affections, with strong phthisical predispositions and liabilities, which may and do ultimately become developed, after they have been here three years, (or "acclimated,") and hence add materially to the number.

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easily answered, to a mathematical certainty, but sufficiently so for all practical purposes. There are various compound considerations to influence it—the temperament of the individual—his habits and modes of life—the more or less northern his place of departure, &c. Following the directions and governed by the principles here laid down—three years, at the farthest, may be considered a fair period for this much valued immunity. But it may be acquired in less,—a severe or protracted attack of a febrile disease may reduce the tone of the system to that condition to which a long residence in a warm climate subjects us all.

"It has been most erroneously supposed that this probationary period must be accompanied with fever to procure the rewarded acclimation, and many are most reckless of their health, regardless of all prudential considerations, presuming there is no other road of safety but through this much dreaded one. It is often a fatal error, for it is most obvious that *however* that condition of constitution is acquired by which this much dreaded result is obtained—the end is the same, immunity, influenced very much by his conformity or departure in his habits and mode of life, from those principles already laid down. There is no secret or system about it, nor is there any specific inoculation necessary. It is most true, that much the largest portion pass through this ordeal, and the reason is as obvious as the prevalence—there is departure from those hygienic rules and restrictions, that so wonderfully, yet rationally, adapt the yielding system of man to the requirements of a different order of things, and he pays the penalty accordingly."—p. 13-15.

Professor Barton, we think, runs the risk of being considered somewhat "Utopian" in the apostrophe to Louisiana contained in his peroration.

"It would detain you too long to enumerate all the diseases and conditions of life from which benefit has been received in exchanging a northern for a southern clime—let me refer to a few, the principal of them—as the pulmonary—cardiac and calculous affections—gout, rheumatism, serofula—old chronic affections—for worn-down constitutions—for advanced age and delicate early life: and the advantage derived here has resulted from the diffusion of excitement—its translation to the capillaries of the periphery, and the unlocking, in that proportion, those numerous congestions and local actions which seem to have chained in their embrace the vitality of the system. The lessened demand for the exercise of those organs, (the pulmonary,) one of whose functions it is to increase the heat, and calling into activity others that are torpid or worn down, by the application of a mild and constant stimulus, (heat,) which, when duly accommodated to the wants of the system, supplies one of those natural demands without which we cannot live, resuscitates exhausted nature, and prolongs the period of human existence. History teems with the effects of such removals:—the ancient Romans of the higher latitudes of Italy, worn down by intemperance and age, were wont to emigrate to the warmer sun and purer air of the Mediterranean, and thus of adding many years to their lives. Such, also, we are told, has been the habit of the Portuguese, who emigrate to the Brazils, to renovate their exhausted constitutions. And such will be, as it has been to some extent, the habit in our own country, and the sunny clime and mild temperature of Louisiana, which has been proved to have been more favourable, especially to the extremes of human life, than *any other* portion of our common country, will be the ordinary resort of the aged—the delicate and the young—the decrepit and the afflicted—the diseased and worn down constitutions of other portions of the Union. Happy Louisiana! With a soil inexhaustible in fertility—with a position accessible, with unparalleled facility, by water and land, at all times, from every portion of the globe,—with wealth and refinement almost unrivaled, and with a climate that is equally friendly to the native population and the afflicted of other countries, you are destined to be the long-desired and envied Utopia of other nations."

Ryland on Diseases and Injuries of the Larynx and Trachea.¹

The author states, that his object in writing the present work has been to collect the materials so profusely scattered about, to compare them with the results of his own experience, and to form, on the basis of the two combined, a *practical* treatise on the diseases and injuries to which the larynx and trachea are liable.

The work commences with a short account of the anatomy, physiology, and pathology, of the larynx and trachea; and then considers in succession the inflammatory and the functional diseases of those parts, concluding with four chapters on the injuries of the larynx and trachea.

Dr. M. Hall's Practice of Physic.²

The present work of Dr. M. Hall is a union of certain theoretical and practical details with his "*Principles of Diagnosis*," the second edition of which was reprinted in this country a few years ago. The union appears to us somewhat forced, and the whole production is liable to the objections apprehended by Dr. Hall in his preface. "I have attempted," he says, "in this work to lay down the first principles of the theory and practice of medicine for the *medical student*, and for the *young practitioner*, whose *time* I have endeavoured to economise by placing many *practical* points before his eyes, at once, in the various *arrangements* which I have freely interspersed in its course. I wished not to write an unnecessary sentence, or even an unnecessary word. Perhaps, in my wish to condense, I may have omitted some things which had been better inserted, and my intention of supplying these and other defects, in my *lectures*, may not excuse me to all my readers."

Every one must feel that the work is too much of an epitome. It is divided into two parts,—the one on the theory of medicine, the other on the practice. The *first* involving a general view of anatomy in reference to textures and regions: the *second* relating entirely to actual disease of systems or of organs,—all of which is comprised in a space equal to not more than 375 pages of our "*Library*!"

The Medical Profession.

There is much truth in the following pertinent observations from the pen—if we mistake not—of a distinguished lawyer, David Hoffman, Esq., of Baltimore. The whole work, in which they appear,³ is well worthy of attentive perusal. It is evidently the production of one accustomed to observe accurately and to reflect deeply.

¹ A Treatise on the Diseases and Injuries of the Larynx and Trachea; founded on the essay to which was adjudged the Jacksonian prize, for 1835. By Frederick Ryland, Surgeon to the Town Infirmary, Birmingham. 8vo. pp. 338. London, 1837.

² Principles of the Theory and Practice of Medicine, including a third edition of the author's work upon diagnosis. By Marshall Hall, M. D., F. R. S., L. & E., Lecturer on the Theory and Practice of Medicine at the Webb Street School of Medicine; Member of the Société Médicale d'Observation of Paris; formerly Senior President of the Royal Medical Society of Edinburgh, and Physician to the General and St. Mary's Hospitals, Nottingham. 8vo, pp. 503.

³ Miscellaneous Thoughts on Men, Manners, and Things. By Anthony Grumbler, of Grumbleton Hall, Esq., (with a motto.) 12mo, pp. 374. Baltimore, 1837.

"THE MEDICAL PROFESSION.

"We could easily say many very civil and truthful things of the doctors; but this would be, what the lawyers call, a '*departure*,' for it must have been perceived by our readers, that we have not been in pursuit of the virtues, but mainly of the follies, incommunities, vulgarities, and vices of men, manners, and things! What boots it, moreover, to tell a man, or class of men, of their amenities, their clevernesses, their virtues; have they not already sufficient vanity, and are they not apt enough to set their amiable qualities, and goodly possessions in the highest possible relief? *Credo di si*. What, then, can now be said in brief words, and, of course, with strict adherence to truth, *against* many, (not all,) of the doctors! We opine, that they are sometimes too apt to make their calling a plea for an almost perpetual absence from church! They seldom say a kind word for each other! They are, of all critics, the most acrimonious in their reviews of each other's productions! They are instinct with the most inconvenient and refined etiquette, as to what they call professional deportment in respect to each other's patients! Their regard for rigid veracity sometimes suffers insensibly, from an over-nice and ill-judged, but still, well-meaning assentation to the wishes of their patients, and in tenderness to the feelings of their relatives! They too often neglect small complaints, when they attain to a high and prosperous practice! They are too fussy and pretending, when not in full practice! When very popular they are sometimes very presumptuous! They are generally too grandiloquent, and too garrulous in the sick-room, loving the gossip of the town, and forgetting, as Menander of old justly observed,

'A prating doctor is a new disease unto the sick.'

They read too little, after they have attained a goodly share of practice! They generally charge too little for their services, and sometimes *under-bid* their professional brethren! They often pay too little attention to *dietetics*, and are apt to estimate too lightly the *valetudinary* state! They are too much given to systems and theories, failing to consider their science (as it certainly is, of all others) the most strictly *inductive*! They are not sufficiently posted up in the modern and current history of their science; or, what my Lord Bacon calls the *narrationes medicinales*, and to the neglect of which, in his time, he attributed the slow progress of physic! They practise too much upon the maxim of Bolingbroke, that whilst *plain truth* may influence half a score of men, *mystery* will lead millions by the nose! They seldom know how to cast off, even for an occasion, their professional identity—their '*exoteric trappings*'—and cannot lay them aside, as the Lord Treasurer Burleigh used to cast off his cares of state, when he put off his outer garments, saying as he laid down his gown, '*Lie there, Lord Treasurer.*' In fine, as a genus, as an order, as a species, as a variety, however strongly marked they may be with many very clever qualities of head and heart, they still are doctors!

"It hath been said, with perhaps more wit than justice, that all orders of men hate whatever tends to diminish the characteristic features of their profession. Hence it is supposed that lawyers adhere to the letter of the law, and hate equity; that divines undervalue morality because so liable to be substituted for religion; that apothecaries hate quacks, because their medicines are panaceas; that physicians hate regimen when opposed to medicine; that the physician, surgeon, and apothecary agree well enough when kept asunder, but that when they attempt (as did Master George Thompson, after the great plague of 1665) '*to make unity of that which was then a trinity*,' they were all hissing at each other like so many serpents, and have so continued ever since, wherever the professions are thus united, or attempted to be; that the empirical practitioners hate the book-men, and they, in turn, detest the empirics, and so on. Certes it is, that there hath been, here and elsewhere, but little harmony among the sons of Esculapius, however denominated; and as little uniformity in practice, as well as in theory, as in

any other science, art, or profession whatever. A certain Dr. Stevenson was for selecting, out of the whole *materia medica*, but eight officinals, and consigning all the rest to be poured into the streets! Dr. Morton, who introduced the use of bark, had to encounter a severe ordeal before he established its use. 'By this *short method*,' says he, 'of curing fevers, physicians lose opportunities of picking the pockets of their patients.' Lady Mary, when she introduced inoculation, encountered no little opposition. Jenner, also, when he struck out one of the foulest of diseases from the catalogue of human woes, was not without his enemies. James's powders, now near a century old, stemmed such a torrent of prejudice as had well nigh destroyed them and their inventor. Nay, if the history of medicine be looked into, it will be found that scarce any theory, any remedy, any prophylactic given to the world, was ever, in the first instance, fairly, and dispassionately examined by the profession; and this is so remarkably the case as to have induced Mr. Hobbs to say of Dr. Harvey, who discovered the circulation of the blood, that he was the 'only one that conquered *envy* in his life time, and saw his new doctrine established'—*Harveius solus, quod sciam, doctrinam novam, superatâ invidiâ, vivens stabilivit.* The quarrels, the abusive pamphlets, the severe criticisms, and hard speeches, that have marked the course of American physicians, during even our short and brilliant medical career, would fill many volumes; and whilst they are often very creditable to the head, are far from being so to the heart. They sully the reputation and just weight of a highly useful and learned profession; and inculcate very prejudicial doubts in the minds of young physicians, at the very commencement of their studious career."

Dunglison's Medical Student.¹

The present work—the author remarks in his preface—had its origin in the applications made to him for his opinions as to the best method of study for one about to enter upon professional life, as well as for one engaged in its prosecution. Not long ago, he received a letter from a young gentleman requesting such information, and asking his permission for promulgating it to the world. This was declined; but the proposition had some influence in producing the present observations on medical education. Parts of them likewise formed portions of an introductory, and of a valedictory, lecture, delivered to his class in November and February last, copies of which were formally solicited for publication, solicitations which he respectfully declined, wishing that they might appear before them in a more useful shape.

The whole of his observations apply to medicine as taught in this country. He has entered into no speculations as to what medical education ought to be. The work is intended simply as some guide to the medical student, who too frequently is totally uninformed as to the course he ought to pursue—not only when he commences to read upon his profession, but when he enters a medical college for the prosecution of his studies there.

Restricted as the subject of this volume may be regarded, it constitutes, in the medical institutions of some countries, the duties of a separate chair. In Berlin there are two professors, regularly occupied through the winter session in teaching it,—Hecker, one of the "Ordinary Professors," who teaches publicly "*Encyclopædiam et Methodologiam Medicam*," every Wed-

¹ The Medical Student; or Aids to the Study of Medicine, including a glossary of the terms of the science, and of the mode of prescribing; bibliographical notices of medical works; the regulations of different medical colleges of the Union, &c. &c. By Robley Dunglison, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, &c. &c. 8vo, pp. 323. Philadelphia, 1837.

nesday and Saturday, and Kranichfeld, one of the "Extraordinary Professors," who lectures on "Medical Methodology," every Tuesday and Thursday.¹

In the bibliographical department, the author has been anxious to give the student a short account of several of the books in the English language—indigenous and imported—which are placed before him in the ordinary bookstores, or which he sees from time to time advertised in the catalogues.

The work treats in separate chapters of the preliminary education of the student—his medical education prior to attendance on lectures—medical education during the period of attendance on lectures—and medical education after graduation. The appendix contains the bibliography, with an account of the medical colleges of the United States.

The whole of the work, as the preface indicates, has been printed since the month of March; but it was not issued by the publishers in consequence of difficulties arising from the pressure of the times. Since that time changes unusually numerous have been made in various medical schools. These have been added at the end of the text, with a reference to the page in the body of the work in which the particular school is noticed.

*Paris on Diet.*²

An early edition of this work was reprinted in this country, (New York, 1828,) and although the present edition is affirmed to have been nearly rewritten, the author might have saved himself some portion of the trouble, inasmuch as the additions appear to us to be neither novel nor important. Dr. Paris is evidently, by no means, *à portée* with the condition of medical literature on this topic of hygiene; and, on the whole, we are disappointed with it.

Why is it, by the way, that, in every one of his works, he persists in writing Magendie's name Majendie; and who is Brochet (Brachet?) of Lyons? Such errors are scarcely to be expected in one whose whole tone indicates the medical purist.

Symonds',³ Carpenter's,⁴ and Webster's⁵ Oration.

The titles of those addresses sufficiently indicate their objects. Dr. Symonds enters into a consideration of the objects of medical study; the

¹ Index Lectionum, &c., referred to at page 241 of this number.—*Ed.*

² A Treatise on Diet: with a view to establish, on practical grounds, a system of rules for the prevention and cure of the diseases incident to a disordered state of the digestive functions. By J. A. Paris, M. D., F. R. S., Fellow of the Royal College of Physicians, &c. &c. (with a motto.) 5th edition; corrected, enlarged, and nearly rewritten. 8vo. pp. 414. Lond. 1837.

³ Medical Study: an introductory address, delivered at the Bristol Medical School, on Saturday, October 1, 1836, at the opening of the winter session: By J. A. Symonds, M. D., Physician to the Bristol General Hospital, and Lecturer on the Theory and Practice of Medicine. 8vo. pp. 34. Bristol, 1836.

⁴ Oration delivered before the members of the Royal Medical Society of Edinburgh, at the celebration of their centenary, February 17, 1837. By William B. Carpenter, Senior President of the Society; member of the Royal College of Surgeons, London; and President of the Royal Physical Society, Edinburgh; with an account of the other centenary proceedings, and a list of the members present. 8vo. pp. 36. Edinb. 1837.

⁵ The address of the President of the British Medical Association, adopted at a general meeting of the profession, held at Exeter Hall, Jan. 19th, 1837; with a short account of the origin of the society, and a list of the officers and council. 8vo. pp. 29. Lond. 1837.

first and principal of which he properly states to be,—the attainment of that knowledge which will enable us to cure, relieve, and prevent disease. The *second*, which must be considered very subordinate to the former, but still of some importance, is a certain degree of general mental culture, appropriate to the medical character. The lecturer next indulges in some remarks on the methods of acquiring medical knowledge, of reading, attending lectures, and personal observation; and terminates with some comments on the spirit by which it is desirable to be animated in medical study. From the last portion we make the following extract:

"Our emotions, to a certain extent, are in our own power; and there is one which I would earnestly urge you to cultivate: I mean a profound respect for your profession. Without it you cannot long be successful. Even charlatans, who have begun with a belief in the absurdity of their pretended arts, have nourished a respect for them, from finding, that when most deceived themselves they have been most successful in deceiving others. If this obtains where the system itself is false, how much more likely is it to hold good, when there is a real ground for conviction. How to acquire a feeling of reverence, if you are not already possessed of it, I think it can only be necessary to consider what order of minds have been diligently engaged in medical pursuits, from the earliest periods; and to observe the actual dominion which has been achieved over maladies, once the plagues of the human race, and the increased value of human life, under the improvements of our art, and I will add, that the pure and lofty aims of our profession, even if it had accomplished nothing, would *alone* offer sufficient demands on our veneration. Give no ear, then, to the idle taunts of those out of the profession; and if you find any among its ranks who dare to speak slightly of its deeds, or doubtfully of its powers, you may safely set them down as persons who have not yet learned to avail themselves of its resources, or who have failed in their endeavours; men driven by disappointment into disaffection. Not to expect success in the treatment of disease, is probably the surest way of not obtaining it."—p. 29.

The "oration" of Dr. Carpenter is confined to a eulogium on the respectable society of which he is the senior president, and in the list of whose members there have been many distinguished physicians of this country.

The address of Dr. Webster is more interesting to his countrymen than to us, as its main scope is medical reform. The British Medical Association consists of medical general practitioners (surgeon apothecaries) of England and Wales, and its objects are to excite and cherish kindly and honourable feelings towards each other, and to guard, watch over, and protect the rights, privileges, interests, and respectability of the profession.

On the Stillborn.—Since the last number but one of our journal was published, we have received recent English Medical periodicals, in one of which¹ we observe an article on the "Statistics of Stillborn Children," in which the writer gives the proportion in Bohemia, Lower Austria, Presburg, Innsbrück, Geneva City, Paris, Marseilles, Prussia, and in the Lying-in-Charity of Guy's Hospital, London. The general results are strikingly akin to those at which we arrived from other estimates.² Some of the results, it is true, differ very widely; but with the exception of Bohemia, the ratio of which is given as 1 in 63, and Lower Austria, as 1 in 41, both of which are derived from *one annual result only*, and ought therefore to be excluded, the

¹ British and Foreign Medical Review, No. 7, for July, 1837. p. 234.

² "Intelligencer," No. 11, for September 1, p. 204.

mean shows that *one child in twenty* is stillborn. This result was deduced, at the lowest computation, from nearly *eight millions* of births.

The same general difference as to the sexes, and the proportion of illegitimates to legitimates, were also observed as in our enquiries.

The editors very properly remark, that the subject of the statistics of the stillborn is important in relation to infanticide. "When, in a doubtful case, a medical jurist attempts to estimate the probability of a child having come into the world living or dead, he assuredly ought to be prepared with a knowledge of the results which have been derived from statistical enquiries relative to live and still birth. If this kind of knowledge answer no other purpose, it must have the effect of rendering him cautious in the expression of an opinion. The subject, however, is not without interest to the general practitioner in numerous other points of view."

University of Maryland.—We observe the following notice in the "Baltimore Patriot," of the 23d inst., which it is desired may be copied into the papers throughout the state and the neighbouring states.

"We are requested to state that the Council of the Regents of the University of Maryland, under the charters of 1807 and 1812, have given it as their opinion, that the act of the state legislature of 1825, under which the trustees have acted since that year, is null and void, since it is contrary to the constitution of the United States, and for other reasons not necessary now to mention. Under these opinions, the professors have determined to deliver their usual course of medical lectures."

This opinion must open a wide field for litigation. How is it then with those professors who have been appointed since 1825? Have they authority to lecture? And again, is every act of every faculty since 1825 also "null and void?" If such be the case, it is a fearful one, and involves multitudinous difficulties and inconveniences.

Since writing the above, we have seen an advertisement signed by Dr. R. W. Hall, as Dean of the Faculty, stating, that "under the sanction of the Regents of the University of Maryland, acting by virtue of their perpetual charter of 1812, sustained by the opinion of eminent counsel, the Faculty of Physic will commence their lectures for the term 1837-8, on the last Monday of October next." The faculty is composed of the following gentlemen:—Nathaniel Potter, M. D., Professor of the Theory and Practice of Medicine; R. W. Hall, M. D., Professor of Obstetrics, Hygiène, and Medical Jurisprudence; Nathan R. Smith, M. D., Professor of Anatomy and Surgery; and Samuel G. Baker, M. D., Professor of Materia Medica and Therapeutics. The chair of chemistry was not filled (Sept. 26), but it is stated that it would be so in a few days.

So that there are now two separate faculties claiming to be the "Faculty of Physic of the University of Maryland!"

How is this to end?

University College, London.—Dr. Graham, of Glasgow, late Professor of the Andersonian University in that city, has been appointed Professor of Chemistry in University College (London University), in place of Dr. E. Turner, deceased.

Professor Broussais.

The following extract from a comparison between French, English, and German medicine, by an intelligent German—Dr. A. Mühry—deduced from observations made during his travels in these countries in the year 1835,¹ is confirmatory of what we constantly hear regarding the decadency of M. Broussais as a teacher of medicine.

"The high estimation in which Broussais has been held is well known. At this time it is by no means so great. When we see him in the great auditorium of the *Ecole de Médecine* sitting in the chair, in a black mantle, in the red cap of the faculty, and with his blue glasses, his eyes directed to one spot, becoming more and more excited the more he speaks of irritation, and calling to his hearers, who only fill the first benches, "Pour quoi donc, jeunesse, ne se trouve personne entre vous avec assez de bon sens pour s'opposer contre cette opinion de symptômes généraux, afin que la science marche, marche!" we see that in this lay his early fascination. During his lecture, new auditors enter from above and below, and take their places, until the whole amphitheatre is filled. This is not owing to their zeal for Broussais, but to secure themselves seats for the lecture on internal pathology which Andral delivers an hour later."—p. 61.

Alluding to the subject in a letter to one of his friends, Professor Parker, of the medical department of the Cincinnati College, says:—

"The amphitheatre [of the *Ecole de Médecine*] will hold from fifteen to eighteen hundred. I have seen it at the lecture of Dumeril or Broussais, with only fifty; while at Cruveilhier's, Andral's, Orfila's, or Marjolin's, you will find the amphitheatre crowded to overflowing."

College of Physicians and Surgeons, New York.—We observe by the Circular for 1837—8, that Dr. Alexander H. Stevens, lately Professor of the Principles and Practice of Surgery in this institution, has been appointed Professor of Clinical Surgery, to lecture at the New York Hospital; and that Dr. Amariah Brigham is appointed Lecturer on Special Anatomy; Professor Rhinelander giving the lectures on general, surgical, and pathological anatomy.

Cholera in Italy.—It is affirmed that the number of persons attacked with cholera in the Lombardo-Venetian states, during the past year, was 100,000, of whom 55,000 died.²

Medical School of Harvard University.—We observe, by the published advertisement of lectures, that Professor J. C. Warren, who is now in Europe, will not return this winter, and that Dr. Edward Reynolds has been appointed Lecturer on Anatomy to supply his place.

Professor Hayward will deliver the lectures on operative surgery.

¹ Darstellung und Ansichten zur Vergleichung der Medicin in Frankreich, England und Deutschland. Nach einer Reise in diesen Ländern in Janre 1835, von Dr. Adolph Mühry, practissem Arzte und Wundarzte in Hannover. Hannover, 1836.

² "Why then, young men, can no one be found amongst you with good sense enough to resist the opinion of general symptoms, so that science may march, march!"

³ Zeitschrift für die gesammte Medicin. Mai, 1837, s. 160.

Medical Schools of Philadelphia.—We extract the following remarks, on the University of Pennsylvania and the Jefferson Medical College, from two of our respected cotemporaries. Of the former institution, the editor of the "Select Medical Library"¹ thus expresses himself,—“Without instituting comparisons, which might seem to be invidious, we would merely content ourselves with saying, that in no past time was the medical department of our Alma Mater, the University of Pennsylvania, more efficiently organised with reference to all the means and appliances of instruction.” Of the latter, the Jefferson Medical College, the editor of the "Boston Medical and Surgical Journal"² thus speaks,—“A prospectus of the ensuing lecture term, commencing the first Monday in November, together with a catalogue of the late graduates, has just come to hand. It is a perfect mystery to us whence and how such a phalanx of students is collected. That it is an energetic institution, no one will pretend to question. Each ticket, that is the fee to each professor, is fifteen dollars. All the hospitals in Philadelphia are open alike to the two schools. Every preparation seems to have been made to give an elevated course of lectures in the ensuing season. Dr. Pattison, of the anatomical chair, is now in Europe, but is expected home in ample season to give his personal attendance in his particular department.”³

Taste of Sulphate of Quinine.—Mr. Sherwin, of Hull,⁴ asserts that a piece of apple, chewed for a moment, will immediately annihilate the bitter taste left by the sulphate of quinine.

Cement for Carious Teeth.—It appears that M. Taveau, a scientific surgeon-dentist of Paris, has discovered a cement well adapted for plugging carious teeth.⁵ It is composed of the anhydrous supersulphate of alumina, and the alcoholic and ethereal extract of the pistacia lentiscus (mastich tree), of Chio. The good effects of this cement M. Taveau has had numerous opportunities for testing. He thinks “it may act chemically on the caries, destroy it, or at least arrest its progress in an indefinite manner.”

NECROLOGY.

M. Murat.—This gentleman, who was Surgeon-in-Chief to the Hôpital de Bicêtre, died in Paris on the 10th of April. He was born at Isseps, a village in the department of Lot, where his father was a physician. After having been for some time in the army, he settled in Paris, and was appointed Second Surgeon to Bicêtre in the year 1800, and the year after to La Salpêtrière. In 1816, he was appointed Surgeon-in-Chief to Bicêtre. In 1820, he was elected into the *Académie Royale de Médecine*, and was afterwards made Member of the Legion of Honour, and Professor *agrégé* to

¹ No. 11, September, 1837, p. 393.

² No. 5, for September 6, 1837, p. 82.

³ Dr. Pattison, we learn, was to sail from Liverpool on the 1st of September in the packet ship England, so that he is probably, by this time, in the country.—*Ed.*

⁴ London Medical Gazette, for April 1st, 1837.

⁵ La Lancette Française, No 50, April 27, 1837.

the Faculty of Medicine. He published several articles in the great "Dictionnaire des Sciences Médicales; and fifty-four articles in the "Dictionnaire de Médecine, amongst the chief of which are *Embaumement, Epanchement, Fissure, Hernie, Hydrocele, Lithotomie, Néphrotomie, and Staphyloraphie.*

BOOKS RECEIVED.

From the Author.—A Summary of Meteorological Observations, made during the months of April, May, and June, 1837, in the city of Lexington, Ky. By Robert Peter, M. D., &c. pp. 4.

From Professor Caldwell, of Louisville.—Circular Address of the President and Faculty of the Louisville Medical Institute.

From Prof. T. R. Beck.—Annual Address delivered before the Albany Institute, April 28th, 1837. By Matthew Henry Webster, A. M. Printed by order of the institute. 8vo, pp. 24. Albany, 1837.

(An appropriate and sensible address.)

From Mr. Hazard, the Editor.—Hazard's Register of Pennsylvania, for Feb. 9, 1833, containing an interesting account of blind persons in the United States and Pennsylvania.

From the Rev. S. Wood, of London.—Report of the North London Hospital (now University College Hospital), and of the course of lectures, &c. in University College (London University), for 1837-8.

Circular of the College of Physicians and Surgeons of New York, for the year 1837-8.

From Dr. Forbes, editor of the British and Foreign Medical Review.—Medical Study; an introductory address delivered at the Bristol Medical School on Saturday, Oct. 1, 1836, at the opening of the winter session. By J. A. Symonds, M. D., Physician to the Bristol General Hospital, &c. 8vo. Bristol, 1836.

From the same.—Oration delivered before the Members of the Royal Medical Society of Edinburgh, at the celebration of their centenary, Feb. 17, 1837. By W. B. Carpenter, Senior President of the Society, &c. &c. 8vo. Edinburgh, 1837.

From the same.—The Address of the President of the British Medical Association, adopted at a general meeting of the profession, held at Exeter Hall, Jan. 19, 1837, with a short account of the origin of the society, &c. 8vo. London, 1837.

The Medical Student, or Aids to the Study of Medicine; including a glossary of the terms of the science, and of the mode of prescribing,—bibliographical notices of medical works; the regulations of different medical colleges of the Union, &c. &c. By Robley Dunglison, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, &c. &c. 8vo. Philadelphia, 1837.

A Treatise on the Diseases and Injuries of the Larynx and Trachea; founded on the essay to which was adjudged the Jacksonian prize for 1835. By Frederick Ryland, Surgeon to the Town Infirmary, Birmingham. 8vo. London, 1837.

Principles of the Theory and Practice of Medicine, including a third edition of the author's work upon Diagnosis. By Marshall Hall, M. D., F. R. S., L & E., &c. 8vo, pp. 503. London, 1837.

A Treatise on Diet; with a view to establish on practical grounds a system of rules for the prevention and cure of the diseases incident to a disordered state of the digestive functions. By J. A. Paris, M. D., F. R. S., &c. 8vo, pp. 414. London, 1837.